

CV-16-CO-0164-NR

FILED

2016 JAN 29 A 11:01

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ALABAMA

U.S. DISTRICT COURT  
N.D. OF ALABAMA

Inmate Identification Number: 282613Vertis Jerome Anthony(Enter above the full name of the plaintiff  
in this action)

## NOTICE TO FILING PARTY

*It is your responsibility to  
notify the clerk in writing of any  
address change.*

*Failure to notify the clerk may  
result in dismissal of your case  
without further notice.*

vs.

Louis Boyd (Warden), Christopher  
Gordy (Warden), Coizon Health,  
ADOC; The State of Alabama  
Respondents

(Enter above full name(s) of the defendant(s)  
in this action)

## I. Previous lawsuits

- A. Have you begun other lawsuits in state or federal court(s) dealing with the same facts involved in this action or otherwise relating to your imprisonment?  
Yes ( ☒ ) No ( ☐ )
- B. If the answer to (A) is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuit(s) on another piece of paper, using the same outline.)

## 1. Parties to this previous lawsuit:

Plaintiff:

Vertis Anthony

Defendant(s):

Louis Boyd (Warden) The State  
of Alabama, Respondent

2. Court (if Federal Court, name the district; if State Court, name the county)

United State District Court, For the Middle District of Alabama, Northern Division

3. Docket number Civil Action No. 2:15 cv 618-MHT

4. Name of judge to whom case was assigned Wallace Capel, Jr.

United States Magistrate Judge

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) Still pending

6. Approximate date of filing lawsuit August 2015

7. Approximate date of disposition

- II. Place of present confinement Limestone Correctional Facility

- A. Is there a prisoner grievance procedure in this institution?

Yes ( ☒ ) No ( ☐ )

- B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes ( ☒ ) No ( ☐ )

- C. If your answer is YES:

1. What steps did you take? Presented Medical Greivence

2. What was the result? Still pending and a Copy is Attached to this Complaint.

- D. If your answer is NO, explain why not: Please understand or Consider this Statement. It is not my intentions to disrespect the District Court. Nor is this an attempts to follow or Not Follow the proper protocols but I'm in serious pain and the answers aren't coming fast enough. I'm in pain even as I prepair this application. Its possible that if not released I could become severely <sup>3</sup> injured as a result of these conditions.

## III. Parties.

In item (A) below, place your name in the first blank and place your present address in the second blank.

- A. Name of Plaintiff(s) Vertis Jerome Anthony Seg. D-12  
Limestone Correctional Facility  
 Address 28779 Nick Davis Road  
Harvest, Alabama 35749

In item (B) below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use Item (C) for the names, positions, and places of employment of any additional defendants.

- B. Defendant ① Raymond Rodgers, Bullock County's The State of Alabama,  
Bullock County Sheriff department health care provider,  
 Is employed as Bullock County Sheriff  
 at Bullock County, Union Springs, Alabama
- C. Additional Defendants ② Kilby Correction Facility CORIZON Health, Montgomery, Ala  
③ LOUIS Boyd, ADAC, CORIZON Health, The State of Ala. Respondents, Elmore, Ala  
④ Lt. Langsford Seg. Commander, Current Limestone Cor. Facility  
Warden, Corizon Health and the State of Ala. Respondents  
Harvest, Alabama

## IV. Statement of Claim

State here, as briefly as possible, the FACTS of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets, if necessary.

① Medical Malpractice. I was infested with some-  
things, properly treated then reinfested and sent  
to different facility in Tuskegee. I became Sicker,  
I was Shipped back to Union Springs for treat-  
ment where I was given the wrong Medication  
and Then Shipped me to Kilby.

② Kilby Cor. Facility, Corizon Health

4 Medical Malpractice. I was treated and prescribe Medication that work but was taken off and then shipped to Draper Cor. Center.

(\*)

V.

3-4 Attached on Back.  
RELIEF

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

① I want the court to clear me of all charges and or release me from prison so I can assume the responsibility of my own health without the interference of ADOC or Corizon Health

② I seek to recover damages and to recover damages brought about to defamation in the amount of 10 Million U.S. Dollars.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 14, 2016

Vertis J. Anthony  
SIGNATURE

ADDRESS Limestone Cor. Facility

28779 Nick Davis Road

Harvest, Alabama 35749

AIS # 282673

③ Louis Boyd, ADOC, Corizon Health; The State of Alabama, Respondents.

I. Medical Malpractice. Where the Medical Staff run a Scheme with the department of Correction by assisting with improper Services to allow inmates to become Compromised with devices applied by ADOC and inmates.

II. Medical Malpractice. Where I was Stuck with Dirty Needle.

④ Lt. Langsford, Warden Gordy, Corizon Health; The State of Alabama, Respondents

I. Medical Malpractice. Where the Medical Staff run a Scheme with the department of Correction by assisting with improper Services to allow inmates to become Compromised with devices applied by ADOC and inmates.



## Alabama-Inmate Grievance



Medical Grievance



Medical Grievance Appeal

Check the appropriate above box which identifies the type of grievance you are filing. Be aware that you may not check the appeal box if you have not previously submitted a grievance for the same issue.

Vertis Anthony  
NAME

282673  
AIS #

Sec. D-12  
UNIT

1-12-2016  
DATE

## PART A---Inmate Grievance

I have a situation where there are inmates & possibly officers that will not leave my body alone. I'm constantly through out the days and nights having to contend with back pains, pain to the scrotums and movements in my chest, back, legs and stomach. From experience of being incarcerated, I'm aware that this situation is brought about by others in attempts to seek resolution to whatever illment, discomfort, pain and therefore cast, it you will, the adverse condition upon me. Almost every time, this situation starts with the stealing of tampering with personal property and as a face bwebs of mine was taken since Nov. 2015. These acts are especially conducted around shower time where this entity places devices or individuals with devices already attached over bonds causing adverse effect. These affects has compromised my health where these acts are practiced around the clock. If not for you, the entity establish physiological association by using what inmates are freely given then become a question with a hidden agenda. Thus, Affirmation implements insertion of the devices or preparations for bond begins. Based on these conditions, I'm being deprived adequate medical because these conditions offsets and compromises my health.

Vertis Anthony 282673  
INMATE SIGNATURE

## PART B -RESPONSE

DATE RECEIVED

CMS Department Head Signature

DATE

If you wish to appeal a grievance response you may file a Grievance Appeal. Return the completed form to the attention of the Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

## MEDICAL ADMINISTRATOR USE ONLY:

☐ Medical ☐ Dental ☐ Mental Health ☐ Other

<input type="checkbox"/> I Quality of Onsite Care	<input type="checkbox"/> VI Timeliness of Specialty Care
<input type="checkbox"/> II Quality of Specialty Care	<input type="checkbox"/> VII Medication Issues
<input type="checkbox"/> III Access to Onsite Care	<input type="checkbox"/> VIII Treatment and Testing Issues
<input type="checkbox"/> IV Access to Specialty Care	<input type="checkbox"/> IX Care Staff Conduct
<input type="checkbox"/> V Timeliness of Onsite Care	<input type="checkbox"/> X Other